

Talking Points

Workforce Supply and Demand

- Nurse practitioners tend to come from rural practice and return to these communities to practice primary care
- Workforce supply is affected by:
 - Decreased number of physicians entering primary care who is able to serve as collaborating physicians
 - Limited number of preceptors able and willing to precept
- Demand:
 - State has rural and frontier counties and demand for primary care providers are high in these areas
 - Nurse practitioners serve in areas that are considered medically underserved and frontier
- South Dakota is rural state which have providers come on J1 Visas, gain education, and leave which affects continuity of care
- Nurse Practitioners provide primary care, but leave the state due to outdated laws
 - Arizona, North Dakota, and Nevada have all seen increase in licenses once full practice authority was authorized.
 - Need to be able to competitively recruit and retain nurse practitioners

Barriers to Practice

- Outdated Laws and Hyper regulation of Nurse Practitioners place unnecessary restriction on nurse practitioners
 - Physicians retire or quit which reduces access for the required collaborative agreement
 - Nurse Practitioners move out of state due to regulation in surrounding states which allow their full educational knowledge to be used without restrictions
 - Nurse practitioners are unable to practice without a contracted agreement with a licensed physician
- These barriers lead to:
 - Decreased access to care
 - Nurse Practitioners are only able to see Medicare or Medicaid patients if their collaborating physician accepts these insurances
 - Many nurse practitioner in full practice states provide care to these underserved populations
 - Longer drive times to access care
 - Due to clinics closing
 - Increased healthcare costs

Key Issues and Trends Affecting the Profession

- Reduced practice sites
 - Closing due to collaborating provider retiring or moving
 - Less physicians going into primary care
 - Physicians do not want to travel to collaborate
 - Nurse practitioners need to close clinic to meet the face to face collaboration requirement
- States allowing nurse practitioners to provide care using their full educational training
 - Providers still collaborate but is not required by an unnecessary contract
 - Not increasing scope of practice
 - Backed by several national reports
 - IOM report
 - FTC report
 - National Governor's Association
 - Individual state studies
 - Rand Report
 - National Councils of State Boards of Nursing

Priorities at the State Level

- Adopt the national model that is consistent with recommendations
- Ensure every person has access to care
- Authorize that nurse practitioners are able to provide care using full educational scope of practice directly under the Board of Nursing without a regulated contract with a physician